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Kansas Immunization School Requirements

School Yr. 2012-13

School Nurse Conference 2012 Presentation

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Outcome Objective

Identify the resources needed to determine the immune status of students by vaccination or disease.

Overview

- ▣ ACIP Recommended Immunization Schedule and Minimum Interval Schedule
- ▣ Kansas Statutes Related to School Immunization
- ▣ Regulation 28-1-20
- ▣ School Immunization Requirements
School Yr. 2012-13
- ▣ Kansas Certificate of Immunizations (KCI)
- ▣ KsWebIZ School Module Updates

Advisory Committee Immunization on Practices

- National experts provide guidance on the control and reduction of vaccine preventable diseases in the United States.
- The only federal entity that develops written vaccine recommendations.
 1. Age to be given and interval between doses
 2. Precautions and contraindications
- Approved by American Academy of Pediatrics and American Academy of Family Physicians

FIGURE 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹	→	Hep B	HepB			HepB		HepB						Range of recommended ages for all children
Rotavirus ²			RV	RV	RV ²									
Diphtheria, tetanus, pertussis ³	→		DTaP	DTaP	DTaP		see footnote ⁸	DTaP					DTaP	
<i>Haemophilus influenzae</i> type b ⁴	→		Hib	Hib	Hib ⁴			Hib						Range of recommended ages for certain high-risk groups
Pneumococcal ⁵	→		PCV	PCV	PCV			PCV				PPSV		
Inactivated poliovirus ⁶	→		IPV	IPV		IPV		IPV					IPV	
Influenza ⁷								Influenza (Yearly)						
Measles, mumps, rubella ⁸	→							MMR		see footnote ⁹			MMR	
Varicella ⁹	→							Varicella		see footnote ⁹			Varicella	Range of recommended ages for all children and certain high-risk groups
Hepatitis A ¹⁰	→								Dose 1 ¹⁰			HepA Series		
Meningococcal ¹¹													MCV4 — see footnote ¹¹	

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FIGURE 2: Recommended immunization schedule for persons aged 7 through 18 years—United States, 2012 (for those who fall behind or start late, see the schedule below and the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, diphtheria, pertussis ¹	→	1 dose (if indicated)	1 dose	1 dose (if indicated)	Range of recommended ages for all children
Human papillomavirus ²		see footnote ²	3 doses	Complete 3-dose series	
Meningococcal ³		See footnote ³	Dose 1	Booster at 16 years old	
Influenza ⁴		Influenza (yearly)			Range of recommended ages for catch-up immunization
Pneumococcal ⁵		See footnote ⁵			
Hepatitis A ⁶		Complete 2-dose series			
Hepatitis B ⁷	→	Complete 3-dose series			Range of recommended ages for certain high-risk groups
Inactivated poliovirus ⁸	→	Complete 3-dose series			
Measles, mumps, rubella ⁹	→	Complete 2-dose series			
Varicella ¹⁰	→	Complete 2-dose series			

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FIGURE 3. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States • 2012
The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with the accompanying childhood and adolescent immunization schedules (Figures 1 and 2) and their respective footnotes.**

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus ¹	6 weeks	4 weeks	4 weeks ¹		
Diphtheria, tetanus, pertussis ²	6 weeks	4 weeks	4 weeks	6 months	6 months ²
<i>Haemophilus influenzae</i> type b ³	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ³ if current age is younger than 12 months 8 weeks (as final dose) ³ if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁴	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus ⁵	6 weeks	4 weeks	4 weeks	6 months ⁵ minimum age 4 years for final dose	
Meningococcal ⁶	9 months	8 weeks ⁶			
Measles, mumps, rubella ⁷	12 months	4 weeks			
Varicella ⁸	12 months	3 months			
Hepatitis A	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria/ tetanus, diphtheria, pertussis ⁹	7 years ⁹	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human papillomavirus ¹⁰	9 years	Routine dosing intervals are recommended ¹⁰			
Hepatitis A	12 months	6 months			
Hepatitis B	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus ⁵	6 weeks	4 weeks	4 weeks ⁵	6 months ⁵	
Meningococcal ⁶	9 months	8 weeks ⁶			
Measles, mumps, rubella ⁷	12 months	4 weeks			
Varicella ⁸	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

Four Day Grace Period

- ▣ Vaccine Dose administered up to 4 days before the minimum interval or age can be counted as valid.
- ▣ Vaccine Dose administered 5 days or earlier than the minimum interval or age should not be counted as valid dose and the dose needs to be repeated.

Kansas Statutes Related to School Immunizations

- ▣ Kansas laws that pertain to school entry requirements
- ▣ School Related Forms

Found at:

[www.kdheks.gov/immunize -school](http://www.kdheks.gov/immunize-school) section

Kansas Statutes Related to School Immunization

K.S.A 72-5208 through K.S.A 72-5211a

5208-Definitions

5209-Health Tests and Inoculations

5210-Duties of School Boards and Health Dept.

5211-Duties of Secretary, Forms and Certificates

5211a-Exclusion of Pupils

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K.S.A. 72-5208

Definition-5208

- ▣ School Board
 - Public-School District Board of Education
 - Non-Public governing body
- ▣ School (Elementary, Jr. High and High School)
- ▣ LHD (Local Health Department)
- ▣ Secretary (KS Dept. Health and Environment)
- ▣ Physician (Licensed to practice medicine & surgery)

72-5209

School /daycare or preschool operated by a school

- ▣ Prior to entry Certification from physician or LHD proving immunity by vaccination, disease or laboratory confirmation.
- ▣ May enroll while receiving the required vaccines if the immunization provider confirms that the vaccines were received on a minimum interval schedule.
- ▣ Failure to complete the required immunizations- out of compliance and are vulnerable for disease and further spread of that disease.

Exemptions

72-5209B

1. Religious- a written statement signed by one of the parents/guardian stating that the child is of a denomination that does not believe in immunizations
2. Medical- Medical Exemption Form B signed annually by the child's physician declaring that the child has a contraindication to a certain vaccine and it would be life threatening to the child if given the vaccine.

Mark your calendars before
May 15
72- 5209 C

Send notification of immunization requirements
to parents/guardians for next school year by
May 15th.

Student has transferred 72-5209 D

- ▣ Request immunization records from previous school.
- ▣ KSWebIZ record or KCI
- ▣ Health Care Provider
- ▣ Local Health Department
- ▣ Parent has immunization history on an official record.

K.S.A. 72-5208 D

- ▣ If a student transfers to another school, the student's KCI (copy) shall be sent with the child's school transcript or statement of compliance.

LHD Duties

K.S.A. 72-5210

- ▣ LHD is to provide the needed vaccinations on sliding fee scale for the administration fee with the exception that no child will be denied for inability to pay the administration fee.
- ▣ LHD will communicate to the school the vaccine funding sources that are available in the LHD.

Secretary of Health 71-5211

KCI and Exemption Forms

- ▣ Supplied to the schools without cost
- ▣ Schools must use these forms for monitoring compliance
- ▣ Audit information shall be obtained from the KCI. The Secretary may adopt regulations to carry out this act.

Exclusion

71-5211 A

- School board may exclude a student from school by the schools adopted policy for those students who have not complied with the requirements of 5209.
- School board may give authorization to exclude to a certified employee or committee
- Policy must include a written notice to the parent/ guardian that includes;
 1. Reason for exclusion
 2. How long the student will be excluded
 3. Communication to the parent that a hearing will be offered upon request

K.S.A 72-5211B

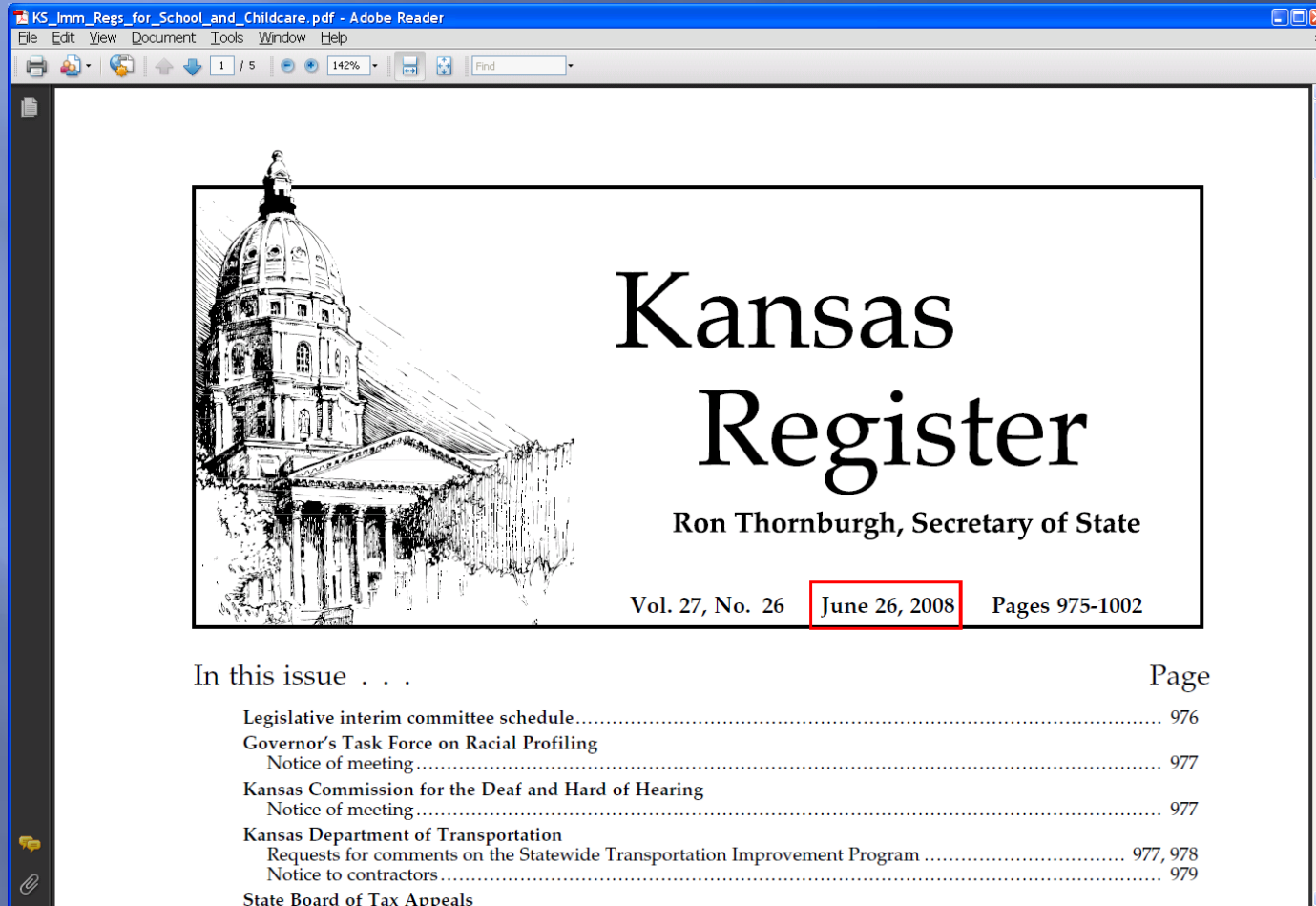
K.S.A 72-1111

- ▣ Truancy act does not apply while the student is excluded for school for being out of compliance for showing proof of immunity either by vaccination or disease

Kansas Administrative Regulation 28-1-20; June 26, 2008

- Defines K.S.A 72-5208 -K.S.A 72-5211
- Provides a listing of the immunizations that are required for school entry.
- Approved by KS Dept of Administration, KS Attorney General and a legislative committee
- Published in the Kansas Registrar, June 2008

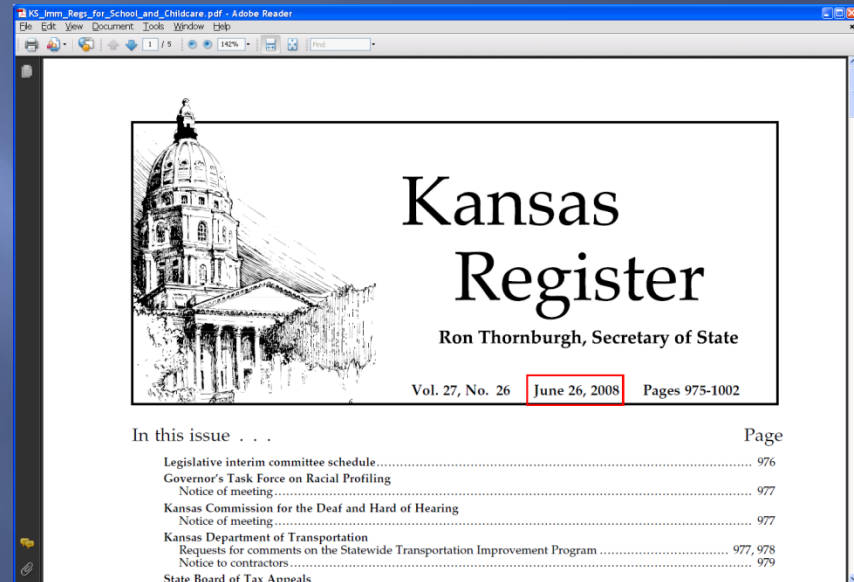
Kansas Administrative Regulation



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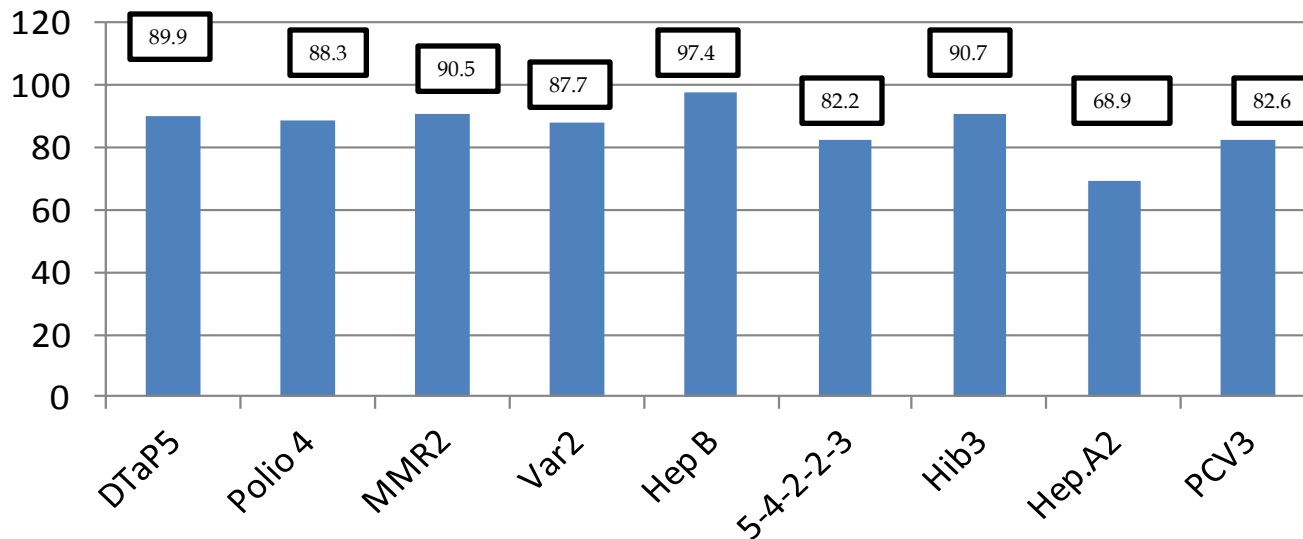
K.A.R. 28-1-20 defines required vaccines for school entry

- ▣ Diphtheria
- ▣ Hepatitis B
- ▣ Polio
- ▣ Measles
- ▣ Mumps
- ▣ Pertussis
- ▣ Rubella
- ▣ Tetanus
- ▣ Varicella

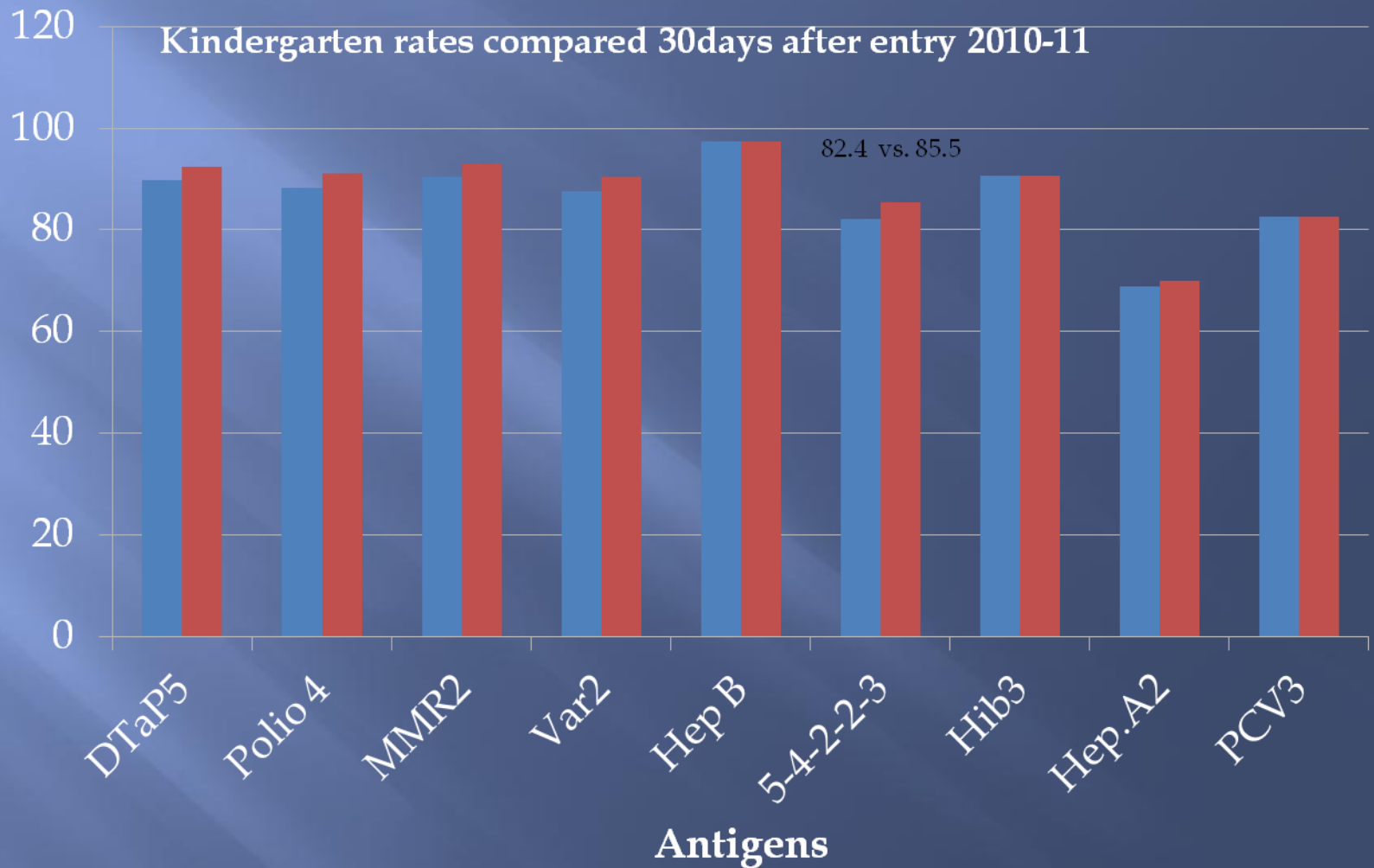


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Kindergarten Immunization Coverage Rates 2010-11



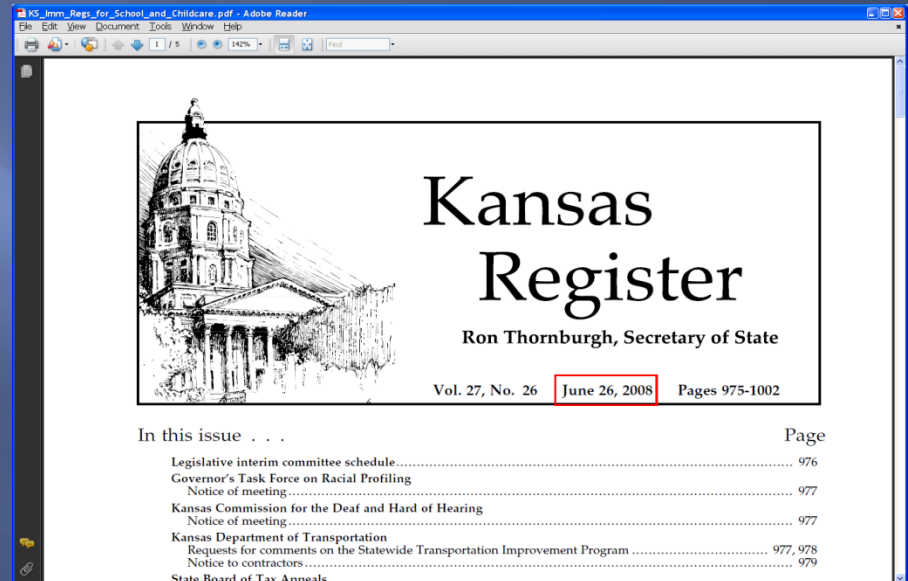
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K.A.R. 28-1-20 required for child care, family day care home, preschool, or child care program operated by a school

- Diphtheria
- *Haemophilus influenzae* type B
- Hepatitis A
- Hepatitis B
- Polio
- Measles
- Mumps
- Pertussis
- Pneumococcal disease
- Rubella
- Tetanus
- Varicella



Vaccines that are required for School Entry Year 12/2013

- ▣ **DTaP** = Diphtheria, Tetanus, Pertussis
- ▣ **Tdap** = Tetanus, Diphtheria, Pertussis
- ▣ **Td** = Tetanus, Diphtheria (Pertussis Exemption Only) > 7 yrs of age
- ▣ **DT** = Diphtheria, Tetanus (Pertussis Exemption Only) < 7 yrs of age
- ▣ **IPV** = Polio
- ▣ **HBV** = Hepatitis B
- ▣ **Var = Chickenpox = Varicella**
- ▣ **MMR** = Measles, Mumps and Rubella

KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: _____ Address: _____
 Parent or Guardian Name: _____
 Phone: _____
 Birthdate (MM/DD/YYYY): _____ SEX: [] MALE [] FEMALE Race: _____ Ethnicity: _____ County: _____

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-10. State Type	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap
Polio Required for school entry.						If additional doses are added, please initial the dose and sign below: _____ _____	
HEP B (Hepatitis B) Required for school entry.							
Varicella (Chickenpox) Required for school entry. 2 doses grades K-3 & 7-8. <u>One dose grades 4-6 and 9-12 for 2012-2013 school year.</u>			Hx of Disease: _____ Date of Illness: _____				
			Physician Signature: _____				
MMR (Measles, Mumps, and Rubella combined) Required for school entry.	MMR Me/Mu/Ru	MMR Me/Mu/Ru					
Influenza (Flu) Recommended annually for ages 6mo and older. Not required for school entry.							
HIB (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
PCV (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
HEP A (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
MCV4 (Meningococcal) Initial dose recommended at 11-12 years of age and booster dose recommended after 16 years of age. Not required for school entry.							
HPV (Human Papillomavirus) Recommended for males and females at 11-12 years of age. Not required for school entry.							
Rotavirus Recommended < 8 mo. Not required for school entry.							

DOCUMENTATION	LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"
<p>KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.</p> <p><input type="checkbox"/> I certify I reviewed this student's vaccination record and transcribed it accurately.</p> <p>Agency Name: _____</p> <p>Authorized Representative: _____</p> <p>Address: _____</p> <p>The record presented was _____ Date _____</p> <p><input type="checkbox"/> Kansas Immunization Record</p> <p><input type="checkbox"/> Other Immunization Record (Specify) _____</p>	<p>1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.</p> <p>2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."</p>

KANSAS IMMUNIZATION PROGRAM
 1000 SW Jackson, Suite 075, Topeka, KS 66612-1274
 PHONE 785-296-5591 FAX 785-296-6510
 WEB SITE www.kdheks.gov/immunize

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

 Parent/Legal Guardian's Signature

 Date

Rev. 03/01/2012

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KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year.
As per Kansas Statute 72-5209, all children upon entry to school must be appropriately vaccinated. In each column below, vaccines are required for all ages listed in that column.

Ages 0-4		Ages 5-6	Ages 7 and Older
Recommended Schedule		DTaP: 5 Doses	Tdap/Td: 3 doses if no history of any DTaP doses
Birth	HEP B	a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4.	a) 4 week minimum interval between dose 1 and dose 2.
2 Months	DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS	b) 4 doses acceptable if dose 4 given on or after the 4th birthday. c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age.	b) 6 month interval between dose 2 and dose 3. c) One dose must be Tdap in the series. d) Single dose of Tdap required for incomplete DTaP series if age 7 years or older. e) Tdap required for grades 7-10 regardless of interval of last Td. f) Tdap required for grades 11-12 if more than 10 years since previous DTaP.
4 Months	DTaP/DT POLIO HIB PCV ROTAVIRUS	POLIO - Grade K-1 a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4; one dose after 4th birthday b) 3 doses acceptable if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday	POLIO - All IPV or OPV Schedule 4 Doses a) 4 week minimum interval between doses, regardless of age given.
6 Months	DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS	POLIO - IPV/OPV Combination Schedule: 4 Doses required a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4; one dose after 4th birthday b) 3 doses not acceptable with combination schedule	3 Doses a) 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday. POLIO - IPV/OPV Combination Schedule: 4 Doses a) 4 week minimum interval between doses, regardless of age given.
12-15 Months	MMR VAR HIB PCV HEP A	MMR: 2 Doses a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses.	MMR: 2 Doses a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses.
15-18 Months	DTaP/DT	VARICELLA: 2 Doses Grades K-3 for 2012-2013 school year a) First dose on or after the 1st birthday. b) Second dose must be given at least 28 days after first dose. c) None required if prior varicella disease verified by physician. d) Two doses are <u>recommended</u> for all children.	VARICELLA: 2 Doses Grades 7-8 for 2012-2013 school year 1 Dose Grades 4-6 and 9-12 for 2012-2013 school year a) First dose on or after the 1st birthday. b) Second dose must be given at least 28 days after first dose. c) None required if prior varicella disease verified by physician. d) Two doses are <u>recommended</u> for all children.
Recommendations are based on the ACIP recommended schedule.†		HEPATITIS B: 3 Doses a) 4 week minimum interval between dose 1 and dose 2. b) 8 week minimum interval between dose 2 and dose 3. c) 16 week minimum interval between dose 1 and dose 3. Dose 3 must be given after 24 weeks of age.	HEPATITIS B: 3 Doses a) 4 week minimum interval between dose 1 and dose 2. b) 8 week minimum interval between dose 2 and dose 3. c) 16 week minimum interval between dose 1 and dose 3. d) Dose 3 must be given after 24 weeks of age.

† - The ACIP Schedules may be accessed at: <http://www.cdc.gov/vaccines/recs/schedules>

Vaccine doses given up to 4 days before the minimum interval or age may be considered valid.
With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid.
Half doses or reduced doses of vaccine are not considered valid.

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf
BLANK VERSION OF KCI FORM is available at http://www.kdheks.gov/immunize/download/KCI_Form.pdf

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.


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Alternative KCI Guidelines

- Legible
 - Written in English
- Transcription of legal document
 - Student's full name, date of birth
 - Specific antigen, dose number, date of administration
- Same sequential order as KCI
- Medical and Religious Exemption Requirements

Medical Exemption Form B

Immunization Program
Division of Health
1001 SW Jackson, Ste. 205
Topeka, KS 66612



Kansas

Phone: 785-556-5551
Fax: 785-289-4515
immuneprogram@doh.state.ks.us
www.kansas.gov/immunize

Robert Vance, M.D., Secretary

Director of Health & Environment

San Francisco, California

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Tools

- ▣ ACIP Recommended and Minimum Interval Schedule
- ▣ Back of KCI

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Diphtheria, Tetanus and Pertussis



Blogspot.com



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DTaP

Diphtheria, Tetanus and Pertussis

DTaP/5 doses

- ▣ 4 week minimum interval between first 3 doses, with at least 6 months between dose 3 and dose 4
- ▣ Dose 4 must be given after 12 months of age
- ▣ Dose 5 prior to Kindergarten entry

Acceptable:

- ▣ 4 doses if last dose given on or after the 4th birthday.

DTaP Combination

- ▣ Pentacel= DTaP, Hib, IPV
- ▣ Pediarix= DTaP, HepB, IPV
- ▣ Kinrix= DTaP and IPV

May be documented with brand name

DTaP only: Infranix and Daptacel

DT

Diphtheria, Tetanus

- ▣ Acceptable only if Pertussis vaccine has been contraindicated by the physician
- ▣ 4 doses needed if 1st dose of DT was given <12 months of age
- ▣ 3 doses are needed if the first dose of DT was given at 12 months or older

Tdap

Tetanus, diphtheria, pertussis

- ▣ Reduce the reservoir of *Bordetella pertussis* in the population
- ▣ To protect adolescents against pertussis
- ▣ Reduce the incidence of pertussis in infants

Tdap Booster

- ▣ Tetanus
- ▣ Diphtheria
- ▣ Pertussis

Tdap instead of Td if
the student has not
had a Tdap.



Tdap

ACIP Recommendations:

- ▣ 11-12 years of age
- ▣ Catch-up 13-18 yrs
- ▣ 7 yrs and older an incomplete DTaP series
- ▣ Single Dose

Tdap Requirements

- ▣ Grades 7 through 10 must have a documented dose of Tdap regardless of the interval between last Td.

Tdap Requirements

- If Pertussis vaccine is contraindicated give Td
- Medical Exemption must be signed every year that the student is eligible for the vaccine
- Grades 11-12th that are due for their 10 yrs. booster recommend Tdap instead of Td if they have not had a dose of Tdap.

No History of DTaP

- ▣ If no contraindication to one of the vaccine components

3 Doses

Dose 1 = Tdap

Dose 2 and 3 =each Td

Dose 1-2 4 week

Dose 2-3 6 months

Only one time dose of Tdap

Tdap Vaccines

- ▣ Adacel 11-64 yrs of age Sanofi Pasteur
- ▣ Boostrix 10 yrs and older GlaxoSmithKline

June 8, 2011 for 65 and older

Recommended for pregnant women after 20 wks gestation.

Recommended for anyone who has contact with on infant.

Vaccine Documentation

Remember!!!

DTaP= 6wks-7yrs

DT= 6wks-7yrs Pertussis exemption

Tdap= 7 yrs and older to complete DTaP series

Required Grade 7th-10th

Td= 7 yrs and older Pertussis exemption

What is documented is what is done!

Tdap Errors

Q: Child is less than 7 yrs. had a Tdap for dose 1,2 or 3.

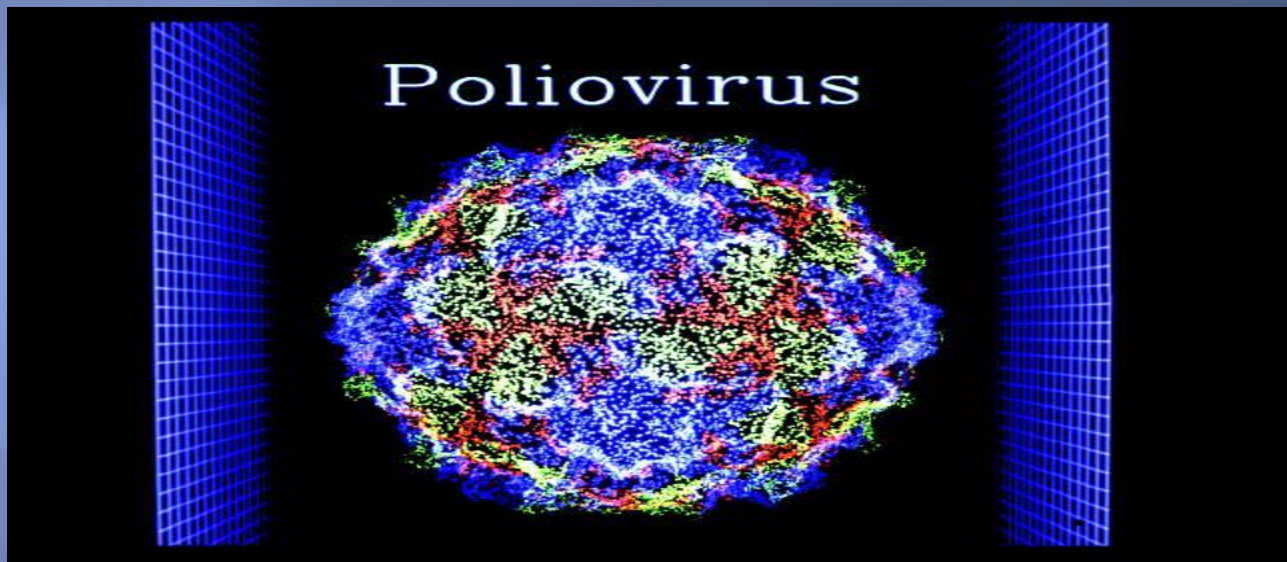
A: Repeat with DTaP dose

Q: Child was given Tdap for 4th or 5th dose in the DTaP series

A: Do not repeat with a DTaP

Q: DTaP was given after 7 yrs of age.

A: Count as a one time Tdap dose



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Required IPV Schedule for all new students

- ▣ Dose 1 - 2 months
- ▣ Dose 2 - 4 months
- ▣ Dose 3 - 6-18 months
- ▣ Dose 4 - 4-6 years

Acceptable

Returning students that have a documented 4 wks interval with either a 3 or 4 dose IPV or 4 doses of IPV/OPV schedule do not need to be recalled.

Polio Requirement School Yr. 2012-13

New Students

- ▣ 3 doses are acceptable if all doses in the series are IPV or all OPV with one dose given after the 4th birthday
 - Dose 1 and 2 -4 weeks apart
 - Dose 2 and 3- 6 months apart
- Combination of IPV and OPV
 - 4 doses are needed with one dose given after the 4th birthday
 - 4 weeks intervals between first 3 doses with 6 mo. between last 2 doses

POLIO SCHEDULES

- ▣ 4 WEEK MINIMUM INTERVAL
ACCEPTABLE FOR CURRENT STUDENTS
ONLY
- ▣ CHILDREN NOW ARE BEING VACCINATED
ON THE RECOMMENDED SCHEDULE

Polio-Minimum Interval Schedule is only recommended for use if:

- Paralytic Polio outbreak
- Traveling in <4weeks to areas where polio is endemic or epidemic.

Precaution because shorter intervals and earlier start date lead to lower seroconversion rates.

The final dose in the IPV series should be administered at age ≥ 4 years regardless of the number of previous doses.

Measles, Mumps and Rubella MMR

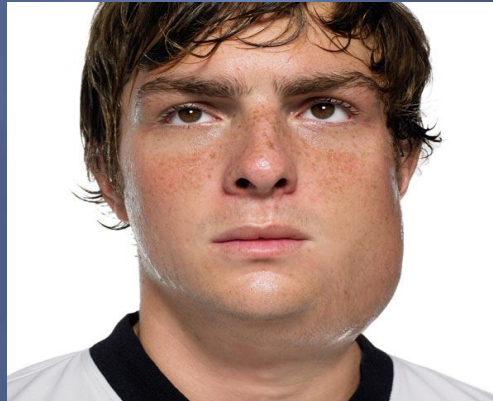


Image Source Page: <http://www.epharmapedia.com/diseases/profile/1348?lang=en>

Image Source Page: <http://gospeloutreachfoundation.org/egold-how-was-measles-treatment-wasdiscovered/>

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MMR

Measles, Mumps, Rubella

Recommended:

- ▣ Dose 1 at 12-15 months
- ▣ Dose 2 4-6 yrs

Minimum Interval/School Requirement

- ▣ Dose 1 given >12 months of age
- ▣ Dose 2- 28 days > Dose 1

MMR Documentation

- ▣ MMR =Measles, Mumps and Rubella
- ▣ Proquad= **MMR** and Varicella Vaccine

Hepatitis B



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Hepatitis B Requirement 2012/13

3 Doses- through 12th Grade

Minimum Intervals

- Dose 1-2= 4 wks
- Dose 2-3= 8 wks
- Dose 1-3= 16wks
- 3rd dose must be given after 24 wks of age.

HEPATITIS B

Third Dose of Hepatitis B Vaccine

- **Minimum of 8 weeks after second dose, and**
- **At least 16 weeks after first dose, and**
- **For infants, at least 24 weeks of age**

Hepatitis B Documentation

- ▣ Pediarix= DTaP, **HepB**, IPV
- ▣ Comvax= **Hep B** and Hib

Hepatitis B vaccine may be documented as:
HBV, Engerix B or Recombinvax B

Varicella or Chickenpox



cdc.gov

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Varicella Requirement School Yr 2012/13

- KAR 28-1-20
- Proof of Varicella disease diagnosed by a physician
- 2 doses –Kindergarten through Grade 3
AND Grade 7-8
- 1 dose- Grades 4 -6 and 9-12
- 2 doses are recommended for all children

Varicella Vaccine Schedule

- Dose 1 12-15months of age
- Dose 2 4-6 yrs old

Minimum Interval:

- 12 months of age for 1st dose
- 12 months -12 yrs Dose 1-2 3 months
- 13yrs> 28 days interval between dose 1-2

Acceptable/School Requirement

28 days interval between doses

Varicella Vaccine Documentation

- ▣ Varivax
- ▣ Proquad=MMR and Varivax

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Proof of Varicella Disease

- ▣ Must be documented by an immunization provider
- ▣ LHD administer vaccines under the authority of standing order signed by a physician

Varicella Disease Documentation

- ▣ Students currently enrolled in school with history of varicella disease documented by a physician or a parent will be considered compliant
- ▣ *NEW* students K-12 must have documentation of disease history by a physician or be vaccinated.

Why all the concern?

- ▣ Increased reports of varicella outbreaks among the highly vaccinated one-dose populations
- ▣ Since 2006, ACIP recommended 2 dose varicella vaccinations for all persons that had no proof of varicella disease.
- ▣ 2008 K.A.R 28-1-20 allowed the implementation of the 2-dose requirement

Preschool or Daycare operated by a school

Includes:

- ▣ Childcare facility
- ▣ Family daycare home
- ▣ Preschool
- ▣ Child care program
- ▣ Each susceptible child under 16 yrs of age that is enrolled, placed or resides should be immunized as medically appropriate.

K.A.R. 28-1-20 required for child care, family day care home, preschool, or child care program operated by a school

- ▣ Diphtheria
- ▣ *H. influenzae* type B
- ▣ Hepatitis A
- ▣ Hepatitis B
- ▣ Polio
- ▣ Measles
- ▣ Mumps
- ▣ Pertussis
- ▣ Pneumococcal
- ▣ Rubella
- ▣ Tetanus
- ▣ Varicella

Hepatitis A Vaccine

- ▣ Adult
 - 1 dose
 - Booster dose 6-18 months after first dose

- ▣ Children and Adolescents
 - 1 dose at 12 months of age or older
 - Booster dose 6-18 months after first dose

Hepatitis A Vaccine

- ▣ Havrix (GlaxoSmith Kline)
- ▣ VAQTA (MERCK)
- ▣ May see Hep. A vaccine documented as HAV

Preschool or Daycare operated HIB and PCV

- ▣ Based on appropriate age
- ▣ Exceptions are addressed in the catch-up schedule or based on the healthcare provider's judgment.
- ▣ Not possible to define all of the exceptions in a memo or on the back of the KCI
- ▣ Refer to the ACIP Recommended and Catch-up Schedules

HIB

Haemophilus influenzae type B

PRP-T ActHIB=TriHIBit/Pentacel

PRP-OMP PedvaxHIB=Comvax

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Haemophilus influenzae type B Routine Schedule

Vaccine	2 mo	4mo	6 mo	12-18 mo	
PRP-T ACTHib	X	X	X	X	
PRP-OMP PedVax	X	X		X	

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Combination Vaccines Containing Hib

- ▣ DTaP/**Hib**
 - TriHIBit=ACTHib
- ▣ DTaP-IPV/**Hib**
 - Pentacel=ACTHib
- ▣ Hepatitis B-**Hib**
 - Comvax= Pedvax

Haemophilus influenzae type b Vaccine

- ▣ Recommended interval 8 weeks for primary series doses
- ▣ Minimum interval 4 weeks for primary series doses
- ▣ Minimum age 6 weeks
- ▣ 8 weeks should separate the primary series and the booster dose

Haemophilus influenzae type b Vaccine for the unimmunized

<u>Vaccine</u>	<u>Age of 1st dose</u>	<u>Primary series</u>	<u>Booster</u>
PRP-T			
ACT HIB	2-6 mo	3doses 2 m apart	12-15m
	7-11mo	2doses 2m apart	12-15m
	12-14mo	1dose	2m later
	15-59mo	1dose	-

Haemophilus influenzae type b Vaccine for the unimmunized

<u>Vaccine</u>	<u>Age of 1st dose</u>	<u>Primary series</u>	<u>Booster</u>
PRP-OMP			
Pedvax	2-6 mo	2doses / 2 m apart	12-15m
	7-11mo	2doses / 2m apart	12-15m
	12-14 mo	1dose	2m later
	15-59 mo	1dose	-

Pneumococcal Conjugate Vaccine

PCV13

- ▣ Number of doses is dependant on the age the child started the series and the current age of the child.

Pneumococcal Conjugate Vaccine Recommendations

- ▣ Doses at 2, 4, 6, months of age, booster dose at 12-15 months of age
- ▣ First dose as early as 6 weeks
- ▣ Minimum interval of 4 weeks between first 3 doses
- ▣ At least 8 weeks between dose 3 and dose 4
- ▣ Unvaccinated children 7 months of age or older require fewer doses

MMWR 2000;49(RR-9):1-35

Lapsed Immunization

- ▣ Children who have fallen behind schedule with Hib or PCV vaccine may not need all the remaining doses of a 3 or 4 dose series
- ▣ The number of doses needed to complete the series should be determined using the ACIP catch-up schedule

www.cdc.gov/vaccines/recs/schedules/child-schedule.htm

Pneumococcal Conjugate Vaccine Schedule for Unvaccinated Older Children

Age at first dose	Doses	Booster 12-15mo
7-11 months	2 doses (4wks apart)	Yes
12-23 months	1 dose (8wks apart)	No
<i>24-59 months -</i>		
Healthy	1 dose	No
High risk	2 doses (8wks apart)	No

http://www.kdheks.gov/immunize/imm_manual_pdf/vaccine_standing_orders/Prevnar.pdf

Recommended Vaccines

Just as important in disease prevention as
required vaccines

Rotavirus given 1st 8 months of life

Influenza given after 6 months

HPV given to males and females after 9 yrs

Meningococcal 11-12 and after 16 yrs

Take every opportunity to prevent debilitation or
death from diseases that can be prevented!

Seasonal Influenza

- ▣ Seasonal influenza remains to be an annual threat
- ▣ School Nurses should be vaccinated every year against influenza due to risk of illness in school setting
- ▣ Important-Pregnant women and those that are around infants < 6 months of age.

May 2012 KSWebIZ Stats

Number of Providers Live = 306

Private = 201

Public = 105

Number of Registry Direct Entry Users = 1,631

Number of Live School Districts = 254

Number of Schools = 1,074

Number of School personnel = 595

Number of patients added by Schools = 8,703

Number of Vaccinations added by Schools = 528,778



State of Kansas Vaccines For Children Health Educational Material On-line Ordering Site

[Home](#)[Order Educational Materials](#)[Check Order Status](#)[Log In](#)

Allow 5 days for delivery

Material obtained through this program must be provided free of charge.

Item	Quantity
School Forms	
Kansas Certificate of Immunizations (KDHEKCI) Packaged in units of 100/PKG <i>NEW & UPDATED 6-3-2009!!!</i>	<input type="text" value="0"/> PKG
KCI Medical Exemption Form (KDHEKCI B) <i>NEW & UPDATED FOR 2009-2010!</i>	<input type="text" value="0"/> EA
Kansas Statutes Related to School Immunizations - English (KDHE SF 1E) Packaged in units of 100/PKG <i>NEW & UPDATED FOR 2009!</i>	<input type="text" value="0"/> PKG

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We have updated and formatted both the 3x5 IMMUNIZATION TICKLER CARD and the 3x5 IMMUNIZATION CARD for you to download and print in your office (These work best by duplex printing on the Avery Index Cards (3x5) package #5388) Please call 785-296-3975 if you have further questions.

- [Click here to download the IMMUNIZATION TICKLER CARD \(3x5\)](#)
- [Click here to download the IMMUNIZATION RECORD CARD \(3x5\)](#)

[Click here to see the Immunization Action Coalition's "Top 20" downloaded free print materials for Healthcare Professionals and Patients \(.pdf\)](#)

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Resources

Kansas Immunization Program:

www.kdheks.gov/immunize

- School Section
- Kansas Register Vol.27, No.26 June 26, 2008
- Pg.975-1002
- 2010-2011 Kindergarten Immunization Coverage Survey

Resources

- ▣ Epidemiology and Prevention of Vaccine Preventable Diseases Pink Book 12th ed., Revised May 2011
 - www.cdc.gov/nip/vaccines/pubs/pinkbook
- ▣ CDC National Immunization Program
 - www.cdc.gov/vaccines
- ▣ CDC National Immunization Hotline:
 - English (800) 232-2522
 - Spanish (800) 232-0233

Resources

- ▣ CDC. Recommended immunization schedules for persons aged 0--18 years---
United States
www.cdc.gov/vaccines/recs/schedules/downloads/child/2012_0-18yrs
- ▣ ACIP
www.cdc.gov/vaccines/recs/acip/
- ▣ Vaccine Safety:
www.cdc.gov/vaccinesafety/
- ▣ Vaccine Abbreviations:
<http://www.cdc.gov/vaccines/recs/acip/vac-abbrev.htm>
- ▣ IPV schedule-MMWR August 7, 2009 / 58(30);829-830
<http://www.cdc.gov/mmwr>



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